JULIETTE MANOR

169 EAST HURON STREET

Ownership: BERLIN 54923 Phone: (920) 361-3092 Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 97 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census: 79

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/02)	Length of Stay (12/31/02)	ଚ୍ଚ	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	36.8	
Supp. Home Care-Personal Care	No					1 - 4 Years	41.2	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.5	Under 65	2.9	More Than 4 Years	22.1	
Day Services	No	Mental Illness (Org./Psy)	33.8	65 - 74	5.9			
Respite Care	No	Mental Illness (Other)	4.4	75 - 84	35.3		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.5	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.4	Full-Time Equivalent	t	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.5		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	16.2	65 & Over	97.1			
Transportation	No	Cerebrovascular	10.3			RNs	13.5	
Referral Service	No	Diabetes	1.5	Sex	્ર	LPNs	9.6	
Other Services	No	Respiratory	2.9			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.9	Male	29.4	Aides, & Orderlies	45.8	
Mentally Ill	No			Female	70.6	1		
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	o _l o	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	305	42	95.5	100	1	100.0	145	15	100.0	142	0	0.0	0	0	0.0	0	66	97.1
Intermediate				2	4.5	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		44	100.0		1	100.0		15	100.0		0	0.0		0	0.0		68	100.0

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Admissions, Discharges, and	•	n of Residents'	Conditions, Service	es, and Activities as of	12/31/02
Deaths During Reporting Period	l		0 27 11		
			% Needing		Total
Percent Admissions from:	Activities of	%	Assistance of	% Totally	Number of
Private Home/No Home Health	4.4 Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.8 Bathing	4.4	82.4	13.2	68
Other Nursing Homes	1.9 Dressing	16.2	69.1	14.7	68
Acute Care Hospitals	88.7 Transferring	23.5	66.2	10.3	68
Psych. HospMR/DD Facilities	0.0 Toilet Use	23.5	51.5	25.0	68
Rehabilitation Hospitals	0.0 Eating	73.5	16.2	10.3	68
Other Locations	1.3 **************	*****	*****	******	*****
Total Number of Admissions	159 Continence		% Special Tre	eatments	%
Percent Discharges To:	Indwelling Or Extern	nal Catheter	7.4 Receiving	Respiratory Care	10.3
Private Home/No Home Health	41.0 Occ/Freq. Incontine	nt of Bladder	42.6 Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	12.9 Occ/Freq. Incontine	nt of Bowel	32.4 Receiving	Suctioning	2.9
Other Nursing Homes	1.7		Receiving	ostomy Care	4.4
Acute Care Hospitals	3.9 Mobility		Receiving	Tube Feeding	2.9
Psych. HospMR/DD Facilities	0.0 Physically Restraine	ed	8.8 Receiving	Mechanically Altered Di	ets 39.7
Rehabilitation Hospitals	0.0				
Other Locations	9.6 Skin Care		Other Resid	lent Characteristics	
Deaths	30.9 With Pressure Sores		4.4 Have Adva	nce Directives	100.0
Total Number of Discharges	With Rashes		2.9 Medications	3	
(Including Deaths)	178		Receiving	Psychoactive Drugs	36.8

	This Other Hospital-			All	
	Facility	Based 1	Based Facilities		ilties
	용	응	Ratio	ે	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81.0	87.4	0.93	85.1	0.95
Current Residents from In-County	47.1	84.3	0.56	76.6	0.61
Admissions from In-County, Still Residing	6.3	15.2	0.41	20.3	0.31
Admissions/Average Daily Census	201.3	213.3	0.94	133.4	1.51
Discharges/Average Daily Census	225.3	214.2	1.05	135.3	1.67
Discharges To Private Residence/Average Daily Census	121.5	112.9	1.08	56.6	2.15
Residents Receiving Skilled Care	97.1	91.1	1.07	86.3	1.13
Residents Aged 65 and Older	97.1	91.8	1.06	87.7	1.11
Title 19 (Medicaid) Funded Residents	64.7	65.1	0.99	67.5	0.96
Private Pay Funded Residents	22.1	22.6	0.98	21.0	1.05
Developmentally Disabled Residents	1.5	1.5	1.01	7.1	0.21
Mentally Ill Residents	38.2	31.3	1.22	33.3	1.15
General Medical Service Residents	27.9	21.8	1.28	20.5	1.36
<pre>Impaired ADL (Mean) *</pre>	43.8	48.9	0.90	49.3	0.89
Psychological Problems	36.8	51.6	0.71	54.0	0.68
Nursing Care Required (Mean)*	8.5	7.4	1.14	7.2	1.17